

1. Incident Name B1700 PHENOL RELEASE	2. Operational Period to be covered by IAP (Date/Time) From: 0900 02MAR2014 To: 0900 04MAR2014	CG IAP COVER SHEET		
3. Approved by Incident Commander(s): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>ORG</u> DOW _____ EPA _____ TCEQ _____ USCG _____ _____ _____ </div> <div style="width: 45%;"> <u>NAME</u> _____ _____ _____ _____ _____ </div> </div>				
<h2 style="margin: 0;">INCIDENT ACTION PLAN</h2> <p style="margin: 5px 0 0 0;">The items checked below are included in this Incident Action Plan:</p> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> ICS 202-CG (Response Objectives) _____ <input checked="" type="checkbox"/> ICS 203-CG (Organization List) – OR – ICS 207-CG (Organization Chart) _____ <input checked="" type="checkbox"/> ICS 204-CGs (Assignment Lists) One Copy each of any ICS 204-CG attachments: _____ _____ <input checked="" type="checkbox"/> ICS 205-CG (Communications Plan) _____ <input checked="" type="checkbox"/> ICS 206-CG (Medical Plan) _____ <input checked="" type="checkbox"/> ICS 208-CG (Site Safety Plan) or Note SSP Location _____ <input checked="" type="checkbox"/> Map/Chart _____ <input type="checkbox"/> Weather forecast / Tides/Currents _____ <u>Other Attachments</u> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ </div>				
<table style="width: 100%;"> <tr> <td style="width: 50%;">4. Prepared by: Keith Naker, USCG</td> <td style="width: 50%;">Date/Time 02MAR2014 1526</td> </tr> </table>			4. Prepared by: Keith Naker, USCG	Date/Time 02MAR2014 1526
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Unified Command Meeting: 3/2/14 14:00

Supplement to the ICS 202 for the Operational Period March 2, 9am thru March 4, 9am.

Section 4: Operational Period Command Emphasis

Containment – Completed

- Refined numbers: 46,500lbs = 5,314 gallons
- Hot Zone cleanup started. Collecting water in Frac Tank.

Diversion:

Clean Water – Going to outfall 102: 2 pumps at B-13, 1 Pump at NW corner B-13,
– Going to outfall 403: 1 pumps for SE B-15

403 Basin Decontamination – Pumped out based to remove contaminated water (Conc. in btm of empty basin was 50 ppm). Refilling with clean water from the east (Conc. is at 10 – 20 ppm). Will put back in service at 1 – 2 Mgpm. Once this reaches the 003 outfall, conc will be below 0.5 ppm

403 Contaminated Water Evacuation:

B-300 Dorr Pond - # 3 pond about 50% emptied. Running 3 pumps. #4 pond dewatered.

1. **Sludge Line** – Completed tie points this morning. Start pumping this afternoon
2. **PO Hot water pipeline** – Hoses being finalized from B-13 to Dorr pond. Hot tap line today. Estimated flow will be 6 – 7 Mgpm

Plant A Storage (6 MM gallons): 4 days out to complete

1. **Pipeline to Plt A (~800,000 gpd)**– need fab pipe to run across sea water canal, other crossings
2. **Cumen Tanks** – pulled roof and completed inspection. Tank is good.
3. **Barges** – on-going and will coordinate all activities through coast guard.

Treatment – Carbon Beds: 24 hour soak time required to maximize effectiveness. Start soaking as soon as vessels are set.

1. **Siemens:** 600 gpm: North side of 403 Basin. Vessels are set on rig mats.
2. **Baker:** 2 x 600 gpm: Laydown yard. Preparing site on South side of 403 basin for rig mats
3. **Long term:** once 403 canal is back in service, carbon beds will be moved to Dorr ponds to treat contained contaminated material.

Cooling Towers – Need to cycle other CTs to keep all systems good.

Analytical – getting round of samples this morning.

Weather: Rain Forecast 60 – 90% between 20:00 – 24:00. Continuing work to segregate contaminated 403 canal.

Unified Command Approval Signatures:

Saleem J. Boyce USCG
Al W. Slyn EPA
Steve R. Broom
Mark Kuttel DOW IC
Faith C. O'Brien TCEQ

INCIDENT OBJECTIVES (ICS 202)

1. Incident Name: B-1700 Phenol Spill	2. Operational Period:	Date From: 3/2/2014 Time From: 0900	Date To: 3/4/2014 Time To: 0900
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3. Objective(s):
 Provide for the safety, security and welfare of citizens and response personnel.
 Conduct efforts to effectively clean up and dispose of spilled product.
 Identify locations for the temporary storage and long-term disposal of waste from the incident.
 Identify and maximize protection of the environmentally sensitive areas.
 Develop and implement a long-term monitoring plan.
 Manage a coordinated interagency response effort that reflects the makeup of Unified Command.
 Keep the public, stakeholders and the media informed of response activities.
 Return the plant to planned operating capacity.

4. Operational Period Command Emphasis:

Command emphasis is to remove threat due to the phenol spill and protect the safety and welfare of citizens and response personnel by trying to execute the following:

1. Dewater B-300 Dorr Pond #3
2. Uncontaminate 403 Basin
3. Evacuate 403 Canal

General Situational Awareness
 Insure that all personnel are empowered to act as a safety officer and have the ability to stop any operation that may be considered unsafe as supported by The Dow Chemical Company.

5. Site Safety Plan Required? Yes ☒ No ☐
Approved Site Safety Plan(s) Located at: The Dow Chemical Site Emergency Plan - DCC EOC

6. Incident Action Plan (the items checked below are included in this Incident Action Plan):

<input type="checkbox"/> ICS 203	<input checked="" type="checkbox"/> ICS 207	Other Attachments: <input checked="" type="checkbox"/> ICS 230 MEETING SCHEDULE <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> ICS 208	
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> Map/Chart	
<input type="checkbox"/> ICS 205A	<input checked="" type="checkbox"/> Weather Forecast/Tides/Currents	
<input checked="" type="checkbox"/> ICS 206		

7. Prepared by: Name: MSTZ JASON STARKEN Position/Title: DEP PLANNING CHIEF Signature:

8. Approved by Incident Commander: Name: _____ Signature: _____

ICS 202	IAP Page	Date/Time: Date
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ICS 202

Incident Objectives

Purpose. The Incident Objectives (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, and safety considerations for use during the next operational period.

Preparation. The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command, one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

Distribution. The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group, and Unit levels. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident. If needed, an incident number can be added.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Objective(s)	Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable. Objectives should follow the SMART model or a similar approach: <u>S</u> pecific – Is the wording precise and unambiguous? <u>M</u> easurable – How will achievements be measured? <u>A</u> ction-oriented – Is an action verb used to describe expected accomplishments? <u>R</u> ealistic – Is the outcome achievable with given available resources? <u>T</u> ime-sensitive – What is the timeframe?
4	Operational Period Command Emphasis	Enter command emphasis for the operational period, which may include tactical priorities or a general weather forecast for the operational period. It may be a sequence of events or order of events to address. This is not a narrative on the objectives, but a discussion about where to place emphasis if there are needs to prioritize based on the Incident Commander's or Unified Command's direction. Examples: Be aware of falling debris, secondary explosions, etc.
	General Situational Awareness	General situational awareness may include a weather forecast, incident conditions, and/or a general safety message. If a safety message is included here, it should be reviewed by the Safety Officer to ensure it is in alignment with the Safety Message/Plan (ICS 208).
5	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Safety Officer should check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter the location of the approved Site Safety Plan(s).

Block Number	Block Title	Instructions
6	Incident Action Plan (the items checked below are included in this Incident Action Plan): <input type="checkbox"/> ICS 203 <input checked="" type="checkbox"/> ICS 204 <input checked="" type="checkbox"/> ICS 205 <input type="checkbox"/> ICS 205A <input checked="" type="checkbox"/> ICS 206 <input checked="" type="checkbox"/> ICS 207 <input checked="" type="checkbox"/> ICS 208 <input checked="" type="checkbox"/> Map/Chart <input checked="" type="checkbox"/> Weather Forecast/Tides/Currents <u>Other Attachments:</u>	Check appropriate forms and list other relevant documents that are included in the IAP. <input type="checkbox"/> ICS 203 – Organization Assignment List <input type="checkbox"/> ICS 204 – Assignment List <input type="checkbox"/> ICS 205 – Incident Radio Communications Plan <input type="checkbox"/> ICS 205A – Communications List <input type="checkbox"/> ICS 206 – Medical Plan <input type="checkbox"/> ICS 207 – Incident Organization Chart <input type="checkbox"/> ICS 208 – Safety Message/Plan <i>ICS 230 MEETING SCHEDULE</i>
7	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by Incident Commander <ul style="list-style-type: none"> • Name • Signature • Date/Time 	In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name:

B 1700 Phenol

2. Operational Period:

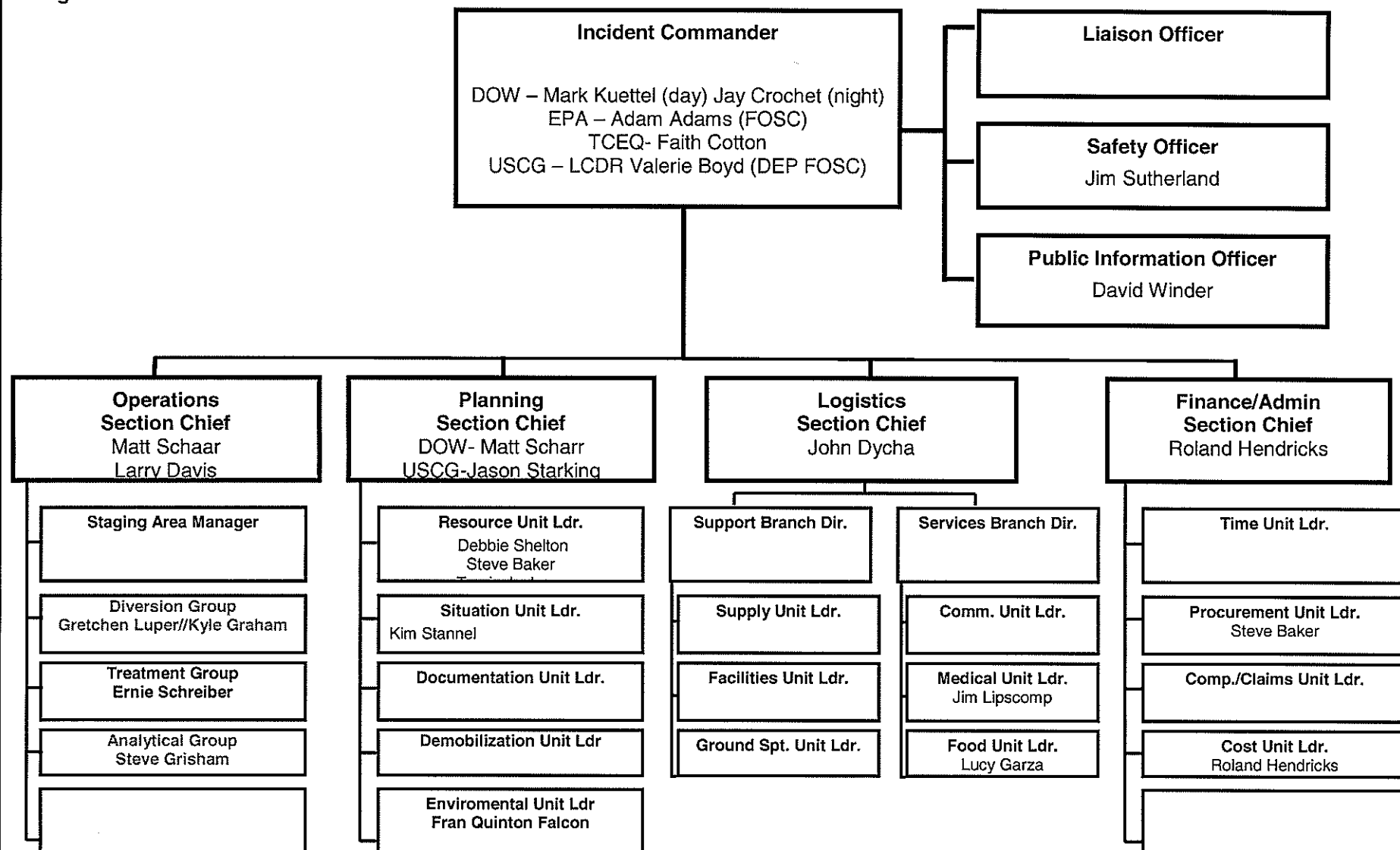
Date From: 3/2/2014

Date To: 3/4/2014

Time From: 0900

Time To: 0900

3. Organization Chart



ICS 207

IAP Page

4. Prepared by:

Name: *MSTR JASON STARKING*

Position/Title:

Signature: *[Signature]*

Date/Time:

01 MAR 2014 1823

ICS 207

Incident Organization Chart

Purpose. The Incident Organization Chart (ICS 207) provides a **visual wall chart** depicting the ICS organization position assignments for the incident. The ICS 207 is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

Preparation. The ICS 207 is prepared by the Resources Unit Leader and reviewed by the Incident Commander. Complete only the blocks where positions have been activated, and add additional blocks as needed, especially for Agency Representatives and all Operations Section organizational elements. For detailed information about positions, consult the NIMS ICS Field Operations Guide. The ICS 207 is intended to be used as a wall-size chart and printed on a plotter for better visibility. A chart is completed for each operational period, and updated when organizational changes occur.

Distribution. The ICS 207 is intended to be **wall mounted** at Incident Command Posts and other incident locations as needed, and is not intended to be part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 207 is intended to be **wall mounted** (printed on a plotter). Document size can be modified based on individual needs.
- Also available as 8½ x 14 (legal size) chart.
- ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.
- Use additional pages if more than three branches are activated. Additional pages can be added based on individual need (such as to distinguish more Division/Groups and Branches as they are activated).

Block Number	Block Title	Instructions
1	Incident Name	Print the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Organization Chart	<ul style="list-style-type: none">• Complete the incident organization chart.• For all individuals, use at least the first initial and last name.• List agency where it is appropriate, such as for Unified Commanders.• If there is a shift change during the specified operational period, list both names, separated by a slash.
4	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

ASSIGNMENT LIST (ICS 204)

1. Incident Name: B-1700 Phenol spill		2. Operational Period: Date From: Date To: Date Time From: HHMM Time To: HHMM		3.	
4. Operations Personnel:		Name		Contact Number(s)	
Operations Section Chief:		James Elend, MSFZ		XXX-XXX-XXXX	
Branch Director:				XXX-XXX-XXXX	
Division/Group Supervisor:		Gretchen Luper		XXX-XXX-XXXX	
5. Resources Assigned:		# of Persons		Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier		Leader		Contact (e.g., phone, pager, radio frequency, etc.)	
		John Dyckz			
6. Work Assignments: Clean water control near B-13 in NE corner of plant B.					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) Gretchen Luper / Group leader / / /					
9. Prepared by: Name: James A. Elend Position/Title: Ops. Sec. Chief Signature: [Signature]					
ICS 204		IAP Page		Date/Time: Date 01MAR14 1751	

ICS 204 Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

ASSIGNMENT LIST (ICS 204)

1. Incident Name: B1700 Phenol Spill		2. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM		3.	
4. Operations Personnel:		Name		Contact Number(s)	
Operations Section Chief:		James Eland, MSTZ		XXX-XXX-XXXX	
Branch Director:				XXX-XXX-XXXX	
Division/Group Supervisor:		John Dyche		XXX-XXX-XXXX	
5. Resources Assigned:				Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	
Resource Identifier		Leader		# of Persons	
		John B. Dyche			
6. Work Assignments: Work out logistics for barge loading option.					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) John B. Dyche / Group leader / / /					
9. Prepared by: Name: James A. Eland Position/Title: Ops. Sec. Chief Signature: [Signature] ICS 204 IAP Page Date/Time: Date 01 Aug 2014 / 1755					

ICS 204

Assignment List

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Notes:

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- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

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2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

ASSIGNMENT LIST (ICS 204)

1. Incident Name: B-1700 Phenol Spill		2. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM		3. Branch: Division: Group: Analytical Group Staging Area:																																													
4. Operations Personnel: Operations Section Chief: <u>James Eland, MSZ</u> Branch Director: _____ Division/Group Supervisor: <u>Steve Grisham</u>		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">Name</th> <th style="width: 50%; text-align: center;">Contact Number(s)</th> </tr> </thead> <tbody> <tr> <td>XXX-XXX-XXXX</td> <td>XXX-XXX-XXXX</td> </tr> <tr> <td>XXX-XXX-XXXX</td> <td>XXX-XXX-XXXX</td> </tr> <tr> <td>XXX-XXX-XXXX</td> <td>XXX-XXX-XXXX</td> </tr> </tbody> </table>		Name	Contact Number(s)	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	XXX-XXX-XXXX	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information																																					
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6. Work Assignments: Update sample plan/sampling points.																																																	
7. Special Instructions:																																																	
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9. Prepared by: Name: <u>James A. Eland</u> Position/Title: <u>ops. sec. chief</u> Signature: <u>[Signature]</u>																																																	
ICS 204		IAP Page		Date/Time: Date <u>01 MAR 14</u> / <u>1747</u>																																													

ICS 204

Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

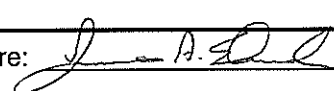
Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
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5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
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	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

ASSIGNMENT LIST (ICS 204)

1. Incident Name: B 1700 Phenol Spill		2. Operational Period: Date From: Date Date To: Date Time From: HHMM Time To: HHMM		3. Branch: Division: Group: Treatment Group Staging Area:																																									
4. Operations Personnel:		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Contact Number(s)</th> </tr> </thead> <tbody> <tr> <td>Operations Section Chief: James Elend, NSTZ</td> <td>XXX-XXX-XXXX</td> </tr> <tr> <td>Branch Director: _____</td> <td>XXX-XXX-XXXX</td> </tr> <tr> <td>Division/Group Supervisor: Ernie Schreiber</td> <td>XXX-XXX-XXXX</td> </tr> </tbody> </table>		Name	Contact Number(s)	Operations Section Chief: James Elend, NSTZ	XXX-XXX-XXXX	Branch Director: _____	XXX-XXX-XXXX	Division/Group Supervisor: Ernie Schreiber	XXX-XXX-XXXX	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information																																	
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6. Work Assignments: Pumpout 403 basin through charcoal beds.																																													
7. Special Instructions:																																													
8. Communications (radio and/or phone contact numbers needed for this assignment): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 20%;">/Function</th> <th style="width: 60%;">Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</th> </tr> </thead> <tbody> <tr> <td>Ernie Schreiber</td> <td>/ Group leader</td> <td></td> </tr> <tr> <td> </td> <td>/</td> <td></td> </tr> <tr> <td> </td> <td>/</td> <td></td> </tr> <tr> <td> </td> <td>/</td> <td></td> </tr> </tbody> </table>						Name	/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)	Ernie Schreiber	/ Group leader			/			/			/																										
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	/																																												
9. Prepared by: Name: James A. Elend		Position/Title: Ops. Sec. Chief Signature: 																																											
ICS 204	IAP Page	Date/Time: Date 01MAR14 / 1745																																											

ICS 204

Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

ASSIGNMENT LIST (ICS 204)

1. Incident Name: B1700 Pherol Spill		2. Operational Period: Date From: Date To: Date Time From: HHMM Time To: HHMM		3.	
4. Operations Personnel:		Name		Contact Number(s)	
Operations Section Chief:		James Eland, MST2		XXX-XXX-XXXX	
Branch Director:				XXX-XXX-XXXX	
Division/Group Supervisor:		Kyle Graham		XXX-XXX-XXXX	
5. Resources Assigned:			# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
Resource Identifier	Leader			(b) (6)	
	Kyle Graham				
6. Work Assignments: Eucosta 403 canal.					
7. Special Instructions:					
8. Communications (radio and/or phone contact numbers needed for this assignment): Name /Function Primary Contact: indicate cell, pager, or radio (frequency/system/channel) / / / /					
9. Prepared by: Name: James A. Eland		Position/Title: Ops Sec. Chief		Signature: [Signature]	
ICS 204		IAP Page		Date/Time: Date 01MAY14 / 1750	

ICS 204

Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
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ASSIGNMENT LIST (ICS 204)

1. Incident Name: B 1700 Phenol spill		2. Operational Period: Date From: 01 MAR ⁰⁸⁰⁰ Date To: 03 MAR ⁰⁹⁰⁰ Time From: 1100 Time To: 1100		3. Branch: Division: Group: Diversion Group Staging Area:																																													
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9. Prepared by: Name: <u>James A. Elend</u> Position/Title: <u>Ops. Sec. chief</u> Signature: <u>James A. Elend</u>																																																	
ICS 204		IAP Page		Date/Time: Date <u>01 MAR 2014</u> / <u>1735</u>																																													

ICS 204

Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

COMMUNICATIONS LIST (ICS 205A)

[illegible]

ICS 205A

Communications List

Purpose. The Communications List (ICS 205A) records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.), and functions as an incident directory.

Preparation. The ICS 205A can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

Distribution. The ICS 205A is distributed within the ICS organization by the Communications Unit, and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release.

Notes:

- The ICS 205A is an optional part of the Incident Action Plan (IAP).
- This optional form is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Basic Local Communications Information	Enter the communications methods assigned and used for personnel by their assigned ICS position.
	• Incident Assigned Position	Enter the ICS organizational assignment.
	• Name	Enter the name of the assigned person.
	• Method(s) of Contact (phone, pager, cell, etc.)	For each assignment, enter the radio frequency and contact number(s) to include area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g., HAZMAT 1, etc.).
4	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

MED PLAN

Angleton/Danbury Hospital
265-3368
849-7721
132 Hospital Drive
Angleton, TX 77515

Brazosport Regional Hospital – Lake Jackson
PAY PHONE IN EMERG WAITING ROOM:
297-9145
100 Medical Drive
Lake Jackson, TX 77566
Dow Ring Down #: 297-6482
FAX #: 299-2878

Ambulance Run Report Log:

Incident Type:
Location:
Number of Patients:
Chief Complaint:
Caller Name:
Caller Phone #:
Time: n/a
Patient Information:
Patient Company:
Product Involved:
Time Site Leadership Notification made:
Time amb in service:
Time amb on scene:
Time amb departed scene:
Patient transferred to:
Transfer code:
Time & Name of Dow Nurse Notification:
Patient Refusal Y/N:
Time amb at facility:
Time amb departed facility:
Time Ambulance Run Notification made:
5-6's called?:
x2112 Called?:
HQ's called 5-6's Y/N:
Ambulance Run Sheet Times:
Responder Personnel:
Additional Info:

Environmental Log:

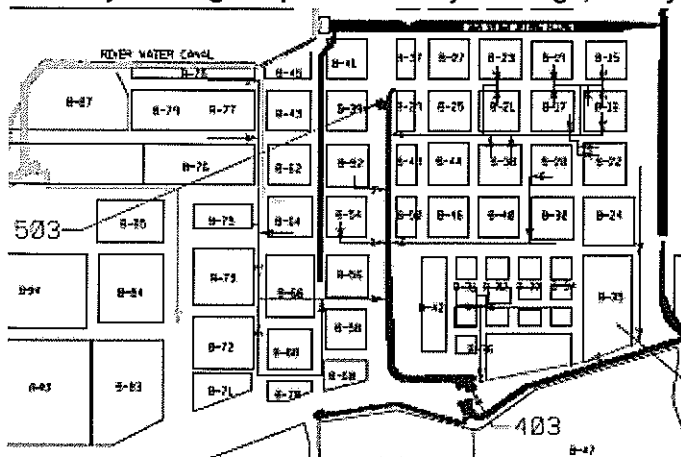
Incident Type:
Level:
Caller Name:
Call back #:
Location:
Time Notified:
Time Occurred (if different):
Company Affiliation:
Product:
Amount:
Duration:
Wind Direction and Speed:
Temp:
5-6's Called, Y/N:
HQ's called 5-6's Y/N:
Horns sounded: Y/N:
Time Site Leadership Notification made:
Spill, Y/N:
Contained, Y/N:
How Contained:
Team Leaders notified:
Units Responding:
Time first Unit on scene:
Is Ambulance Run related Y/N:
Location Ambulance Runs:
Total Number of Patients:
Chief Complaint:
SEM Notified, Y/N:
Time SEM Notified:
XpressAlert Activation:
What Group or Personnel contacted?:
I/C initiated by and time:
CAER Recorder "Off Line":
CAER Message Changed, Y/N:
CAER What Message put on Recorder:
CAER Recorder back "On Line":
CAER Recorder Basic Message:
CAER Sirens and Time of Activation:
CAER BCSO and Surrounding PD's Notification:
CAER Road Blocks requested:
CAER EOPC/EOC Notification and Activation:
CAER P/R Notification:
CAER FirstCall Activation:
Time up or down-graded and Level:
Mutual Aid Request:
By Who and Contact Info:
Who approved Mutual Aid?:
Time All Clear:
Time I/C standing down:
Time Units clear of scene:

Additional Info:

SAFETY MESSAGE/PLAN (ICS 208)

1. Incident Name: B-1700 Phenol Spill	2. Operational Period:	Date From: 3/2/2014 Time From: 0900	Date To: 3/4/2014 Time To: 0900
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3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:



The existing Hot Zone is located on the South side of the B-1700 block along Entrance Road. The road is currently closed at the West and East end of the block.

Any non-Dow personnel must be escorted by a Dow employee or a contractor representative at all times for safety. In the event of an injury, exposure, or emergency, Dow Chemical Emergency Services must be contacted. From a Dow Plant phone, dial "66666" and Emergency Services will be dispatched. Emergency Services may be reach for emergency response on a cell phone by dialing 979-238-6666.

Any personnel or visitors must check in with the Deputy Operations Section Chief or his designee before entering the hot zone.

Prior to any work commencing, the appropriate Dow personnel must be contacted for a Safe / Hot work permit per Dow procedures and policies.

4. Site Safety Plan Required? Yes ☒ No ☐

Approved Site Safety Plan(s) Located At:

5. Prepared by: Name: MATT SCHAAK Position/Title: EBNS OPS LEADER Signature: _____

ICS 208

IAP Page

Date/Time: 03/02/2014 1825

ICS 208

Safety Message/Plan

Purpose. The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan.

Preparation. The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

Distribution. The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 208 may serve (optionally) as part of the IAP.
- Use additional copies for continuation sheets as needed, and indicate pagination as used.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none">• Date and Time From• Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan	Enter clear, concise statements for safety message(s), priorities, and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached.
4	Site Safety Plan Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Check whether or not a site safety plan is required for this incident.
	Approved Site Safety Plan(s) Located At	Enter where the approved Site Safety Plan(s) is located.
5	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

1. Incident Name B 1700 Phenol Release		2. Operational Period (Date/Time) From: 0900 02MAR14 To: 0900 04MAR14		DAILY MEETING SCHEDULE ICS 230-CG	
3. Meeting Schedule (Commonly-held meetings are included)					
Date/ Time	Meeting Name	Purpose	Attendees	Location	
3/2/14 1400	Unified Command Objectives Meeting	Review/ identify objectives for the next operational period.	Unified Command members		
3/2/1500	Command & General Staff Meeting	IC/UC gives direction to Command & General staff including incident objectives and priorities	IC/UC, Command & General Staff		
	Tactics Meeting	Develop/Review primary and alternate Strategies to meet Incident Objectives for the next Operational Period.	PSC, OSC, LSC, RESL & SITL		
	Planning Meeting	Review status and finalize strategies and assignments to meet Incident Objectives for the next Operational Period.	Determined by the IC/UC	EOC	
	Operations Briefing	Present IAP and assignments to the Supervisors / Leaders for the next Operational Period.	IC/UC, Command & General Staff, Branch Directors, Div/Gru Sups., Task Force/Strike Team Leaders and Unit Leaders	EOC	
4. Prepared by: (Situation Unit Leader) MSTL STARKEN			Date/Time 03MAR2014 1825		
DAILY MEETING SCHEDULE				ICS 230-CG (Rev.07/04)	

DAILY MEETING SCHEDULE (ICS 230-CG)

Purpose. The Daily Meeting Schedule records information about the daily scheduled meeting activities.

Preparation. This form is prepared by the Situation Unit Leader and coordinated through the Unified Command for each operational period or as needed. Commonly-held meetings are already included in the form. Additional meetings, as needed, can be entered onto the form in the spaces provided. Time and location for each meeting must be entered. If any of these standard meetings are not scheduled, they should be crossed out on the form.

Distribution. After coordination with the Unified Command, the Situation Unit Leader will duplicate the schedule and post a copy at the Situation Status Board and distribute to the Command Staff, Section Chiefs, and appropriate Unit Leaders. All completed original forms MUST be given to the Documentation Unit.

<u>Item #</u>	<u>Item Title</u>	<u>Instructions</u>
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies.
3.	Meeting Schedule	For each scheduled meeting, enter the date/time, meeting name, purpose, attendees, and location. Note: Commonly-held meetings are included in the form. Additional meetings, as needed, can be entered onto the form in the spaces provided. Time and location for each meeting must be entered. If any of the standard meetings are not scheduled, they should be deleted from the form (normally the Situation Unit Leader).
4.	Prepared By	Enter name and title of the person preparing the form, normally the Situation Unit Leader.
	Date/Time	Enter date (month, day, year) and time prepared (24-hour clock).

Boyd, Valerie A LCDR

From: Brian.Kyle@noaa.gov on behalf of Brian Kyle - NOAA Federal [Brian.Kyle@noaa.gov]
Sent: Saturday, March 01, 2014 9:40 PM
To: NWS SR-HGX.Partners
Subject: Weather issues we're looking at Sunday/Sunday night

Severe Weather

A cold front will cross southeast Texas on Sunday afternoon and early evening. The front will trigger scattered to numerous showers

and thunderstorms. Should the warm layer of air...or cap...currently in place erode...some of the storms could become severe. Damaging winds...isolated tornadoes and hail would then be possibilities.

The greater chance for severe weather will be north of a brenham to conroe to livingston line. Time period would be from roughly noon

across extreme north to mid to late evening beaches.

http://www.srh.noaa.gov/images/fxc/hgx/graphiccast/image_full12.jpg

Winter Weather

Temperatures will rapidly drop in the wake of the front. Some locations north of a Brenham-Livingston line could see readings fall to

near freezing during the evening hours as lingering light rain or drizzle

begins to depart. Should this occur...a brief 3 to 5 hour window of freezing rain or drizzle would be a possibility from roughly 8 pm sunday night to

1 am monday morning. Since we have seen warm temperatures the past couple days there is a good possibility very little will actually accumulate on roads due to the warm ground and brief window should precipitation actually fall during this time period. Always worth watching

bridges though, especially for lingering puddles from earlier rain during the day.

We will continue to monitor this situation...especially in the more favored location around the Lake Livingston area.

Regards,